

POSITION		ID NO.
CLASSIFIER		
EXAMINER		333
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Original	Date	Claim	Original	Date
1			51		
2			52		
3			53		
4			54		
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48			98		
49			99		
50			100		